|        | ADDI IOATIC  | MIPPE DET                               |            | EDECADE:             |
|--------|--------------|---|------------|----------------------|
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|        |              |   |            | <b>¬v</b> a ## ## ## |
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Application or Docket Number

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| CLAIMS AS FILED - PART I   |  |   |                         |  | SM                      | ALL I      | ENTITY            |                        | OTHER |                     |                        |
|--|--|---|-------------------------|--|-------------------------|------------|-------------------|------------------------|-------|---------------------|------------------------|
| 7  |  |   | (Column 1) NUMBER FILED |  | (Column 2) NUMBER EXTRA |            | TYPE              |                        | OR:   | SMALL ENTITY        |                        |
| FOR  |  | NUMBE                                     |                         |  |                         | RA         |                   | FEE                    | ,     | RATE                | FEE                    |
| BASIC FEE  |  |   |                         |  |                         |            |                   | 345.00                 | OR    |                     | 690.00                 |
| ŤO   | TAL CLAIMS   | 30  | minus 20                | · 60   |                         | X\$        | 9=                |                        | OR    | X\$18=              | 1080                   |
| INDEPENDENT CLAIMS 4 minus 3 = 1   |  |   |                         |  | ХЗ                      | 9=         |                   | OR                     | X78=  | 18                  |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |                         |  |                         |            | 0=                |                        | OR    | +260=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                         |  |                         |            | AL                |                        | OR    | TOTAL               | 1848                   |
| CLAIMS AS AMENDED - PART II  |  |   |                         |  |                         |            | N9-4 (            | ENTITY                 | ΟÀ    | OTHER<br>SMALL      | B.                     |
|  | isandon de la companya de la company | (Column 1)<br>CLAIMS                      | 530 DX 241              | (Column 2)<br>HIGHEST                        | (Column 3)              |            |                   |                        |       | OWALE !             | ADDI-                  |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT           | 3.27                    | NUMBER<br>PREVIOUSLY<br>PAID FOR             | PRESENT<br>EXTRA        | RA         | TE                | ADDI-<br>TIONAL<br>FEE | ·     | RATE                | TIONAL<br>FEE          |
|  | Total  | ·80                                       | Minus                   | -80  | =                       | X\$        | 9=                |                        | OR    | X\$18=              |                        |
| AME  | Independent  | MITATION OF MI                            | Minus                   | ENDENT CLAIM                                 | <u> </u>                | ХЗ         | 9=                |                        | OR    | NO.                 |                        |
| -  | rinoi Phese  |   |                         | ENDERT ODGIM                                 |                         | <b>+13</b> | i0<br>+0          |                        | OR    | <b>530</b>          |                        |
| 1-101  |  |   |                         |  |                         | ADDIT      | OYAL              |                        | OR    | TOTAL<br>ADDIT, FEE | 8                      |
|  | 111 810  | (Column 1)                                |                         | (Column 2)                                   | (Column 3)              | ADDIT      | ree               |                        |       | ADDII. I EL         |                        |
| _  | A-0.000  | CLAIMS                                    |                         | HIGHEST                                      | Toolaini o/             | ·          |                   | ADDI-                  |       | ·                   | ADDI-                  |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT           |                         | NUMBER<br>PREVIOUSLY<br>PAID FOR             | PRESENT EXTRA           | RA         | TE                | TIONAL<br>FEE          |       | RATE                | TIONAL<br>FEE          |
|  | Total  | . 89                                      | Minus                   | **   | =                       | X\$        | 9=                |                        | OR    | X\$18=              |                        |
|  | Independent  | • 4                                       | Minus                   | ***  | æ .                     | ХЗ         | 9=                |                        | OR    | X78=/               |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                         |  |                         | l          |                   |                        | `     | 1                   |                        |
|  |  |   |                         | •  | •                       | +13        |                   |                        | OR    | +360=               |                        |
|  | •  | •   |                         | •  |                         | ADDIT      | OTAL<br>FEE       |                        | OR    | TOTAL<br>ADDIT, FEE |                        |
|  | 4  | (Column 1)                                |                         | (Column 2)                                   | (Column 3)              |            |                   |                        |       |                     |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                         | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR: | PRESENT<br>EXTRA        | RA         | ΤE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus                   | **   | =                       | X\$        | 9= ·              |                        | OR    | X\$18=              |                        |
|  | Independent  | •   | Minus                   | ***  | =                       | ХЗ         | <del></del><br>9= |                        | OR    | X78=                |                        |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                         |  | [ <del> </del>          |            | -                 |                        |       | <u> </u>            |                        |
| +130= OR +260=  * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |   |                         |  |                         |            |                   |                        |       |                     |                        |
| . **   | If the "Highest Nur  | mber Previously Pa                        | aid For IN THIS         | SPACE is less that                           | ın 20, enter "20.       | ADDIT      | OTAL<br>FEE       |                        | OR    | TOTAL<br>ADDIT, FEE |                        |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEEOR ADDIT. FEE |  |   |                         |  |                         |            |                   |                        |       |                     |                        |